



PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

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Onder the Paperwork Reduction A	Complete if Known								
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known					
							10/772,430-Conf. #6116		
				Filing Date		February 6, 2004			
For FY 2008				First Named Inve	entor	Yohei MAKUTA			
				Examiner Name		B.W. Lee			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3714			
TOTAL AMOUNT OF PAYMENT (\$) 930.00			Attorney Docket N	10.	0505-1266P				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AN	D EXAMIN	ATION FEE	S			·			
, = ,	FILING			ARCH FEES	EXAMI	NATION FEES			
Application Type Fe		nall Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
	310	155	510	255	210	105			
*	210	105	100	50	130	65	-		
	210	105	310	155	160	80			
Reissue 3	310	155	510	255	620	310			
Provisional 2	210	105	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							210	105	
Multiple dependent claims							370	185	
Total Claims				Paid (\$)	Multiple Depende				
x =					<u>F</u>	<u>ee (\$)</u> <u>F</u>	ee Paid (\$)	1	
HP = highest number of total claims pa	id for, if great	er than 20.						_	
			Paid (\$)						
6 -6 =	_ ×	_ :_							
HP = highest number of independent cl	aims paid for.	, if greater than	3.						
3. APPLICATION SIZE FEE	1	100 -1(C	(14'14	: 11 <i>E</i>	*1_4			
If the specification and drawing listings under 37 CFR 1.52(e)), the app	olication size	e fee du	ie is \$260 (\$130 fo					
sheets or fraction thereof. S			•	` '			F	_ - - / ¢ \	
Total Sheets Extra S				dditional 50 or fracti			<u>ree P</u>	'aid (\$)	
100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
								0.00	
1251 Extension for response within first month 120.00									
SUBMITTED BY									
Signature Chara		2 Mes		Registration No. (Attorney/Agent)	28,380	Telephone	(703) 205-8015		
Name (Print/Type) James M. Slat	tterv	100/100	\angle	(Allomey/Agent)		Date	April 7, 2008		